

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

08, 537803

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5	1		1			
6		1		1		
7		2		1		
8		2		1		
9	1		1			
10		1		1		
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50						
TOTAL IND.	1		3		1	
TOTAL DEP.		3		1		1
TOTAL CLAIMS	1	3	3	1	1	1

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	1		1		1	
TOTAL DEP.		1		1		1
TOTAL CLAIMS	1	1	1	1	1	1